VISA PURCHASING CARD CARDHOLDER ACCOUNT SETUP FORM

(see instructions on the next page)

New	New To close an account or change information, email OMB (see instructions on next page).									
Cardholder Account # (16 digit #)										
(Must complete for change or deletion)										
CLIENT INFORMATION										
Client Name No										
State of North Dakota CARDHOLDER INFORMATION										
Cardholder Name (24 characters)										
Email										
Name Line 2: (third embossed line=24 characters) (if this field is not completed, we will print Client Name on the Card)										
Address Line	1: (35 characters))								
Address Line 2: (35 characters)										
City (23 characters) State Zip Code										
Home Phone Business Phone For verification, enter the Name of the Unit that this cardholder points to:										
CARDHOLDER LIMITS										
Monthly Credit Limit (\$) \$ Limit Per Day (\$)										
	, ,									
MCC Group I (Include) E (exclude): Check One										
ACCOUNT ACCESS METHODS										
Should a card be issued? Yes No (Elan Use: If "No", Order List of Account #'s)										
Should a pin be issued?YesNo Should checks be issued?YesNo										
REPORTING HIERARCHY INFORMATION										
Company Level # 1 Level 2 #			Level 3# Level 4		Level 4#	Level 5#		Level 6#		
7014	15									
Authorized Signature Date										
(same person who signs Authorized Signer form)										
Name of Person Completing Form Phone										
Bank - do not input this information – for agency and OMB use only										
Bus Unit	Oper Unit	Fund Code	Dept ID		Class Project					

Revised 11/04/2004

INSTRUCTIONS FOR COMPLETING THE CARDHOLDER ACCOUNT FORM

FOR A NEW CARDHOLDER - Check the "New" Option and complete the following:

Client Name - Name of company or organization

Cardholder Name – This should be an individual's name. If you want to issue the card using a generic name (i.e. Marketing Dept.), then you need to complete a Generic Card Agreement (see your Elan Consultant), or Elan will issue the card number without a piece of plastic.

Name Line 2 – This information will print on the face of the card directly under the Cardholder Name. Many organizations will use this line to print a department name, a tax ID number, or accounting information.

Address Line 1, Address Line 2, City, State, Zip – This is the address that Elan will use when mailing the Cardholder Statement. In addition, if the card is being mailed to the cardholder, this is the address that Elan will use.

Home Phone – Required for Fraud Detection purposes. Detection purposes.

Business Phone – Required for Fraud

Monthly Credit Limit - Required

Single Purchase Limit – Optional

Authorization Per Day - Optional

Transactions Per Cycle – Optional

MCC Group, I or E – Required (Contact OMB for MCC group for individual cardholders)

Should card be Issued? - Required

Should a pin be issued? - Required

Should checks be issued? - Required

Reporting Hierarchy Information – Elan needs the entire "hierarchy string" above the cardholder you are adding. Each hierarchy unit other than level 1 has been assigned a 5 digit number by you. Please enter each 5 digit number indicating the hierarchy unit above the cardholder you are adding. In addition, please indicate the name of the hierarchy endpoint unit above the cardholder you are adding.

Authorized Signature – A signature of any individual listed on the "Authorized Person" form is required (this is not the Cardholder's Signature)

For agency and OMB use only

Accounting Code – This is your internal accounting string, representative of where the transactions will be allocated.

<u>TO MAKE A CHANGE ON A CARDHOLDER ACCOUNT or CLOSE AN ACCOUNT</u> – send an email to OMB requesting a change and include the cardholder name, last eight digits of the cardholders account number, as well as an explanation of why the change is requested.

For closed accounts, after confirmation is received that an account has been closed, destroy the card.